

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FREE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**620.00**

Complete if Known

Application Number	10/087,933
Filing Date	March 5, 2002
First Named Inventor	Holger JAHN
Examiner Name	P. ROYAL
Art Unit	3611
Attorney Docket No.	037226.50917

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **05-1323 (Docket No. 037226.50917)** Deposit Account Name: **23911**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over-20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP **Extra claims** x **Fees(\$)** = **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 or HP **Extra claims** x **Fees(\$)** = **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 3

Multiple Dependence Claims
Fee(\$) **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
Round up to a whole number x =

4. OTHER FEES

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other - Notice of Appeal	\$500.00
One-month Extension of Time	\$120.00

SUBMITTED BY

Signature	<i>Donald D. Evenson</i>	Registration No. (Attorney/Agent)	26,160/42,028	Telephone	(202) 624-2500
Name (Print/Type)	Donald D. Evenson / Mark H. Neblett	Date	September 13, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.